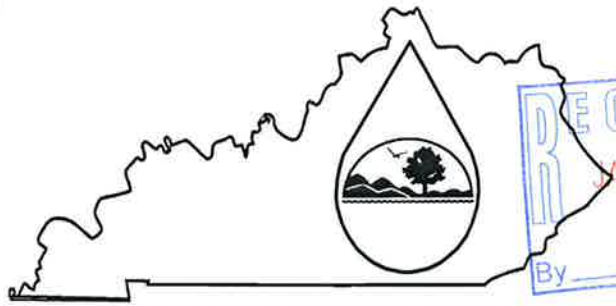


KPDES FORM 1

AZ# 26



KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM

PERMIT APPLICATION

This is an application to: (check one)

- ☐ Apply for a new permit.
☐ Apply for reissuance of expiring permit.
☐ Apply for a construction permit.
☐ Modify an existing permit.

Give reason for modification under Item II.A.

A complete application consists of this form and one of the following:

Form A, Form B, Form C, Form F, or Form SC

For additional information contact:

KPDES Branch (502) 564-3410

300-

I. FACILITY LOCATION AND CONTACT INFORMATION		AGENCY USE	0055956
A. Name of Business, Municipality, Company, Etc. Requesting Permit		US ARMY CORPS OF ENGINEERS, Louisville	
B. Facility Name and Location		C. Primary Mailing Address (all facility correspondence will be sent to this address). Include owner's mailing address (if different) in D.	
Facility Location Name: BARREN RIVER LAKE		Facility Contact Name and Title: Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> U.S. ARMY CORPS OF ENGINEERS	
Facility Location Address (i.e. street, road, etc., not P.O. Box): 11088 FINNEY ROAD		Mailing Address: P.O. Box 59 ATTN: GEORGE OR-E	
Facility Location City, State, Zip Code: Glasgow Ky 42141		Mailing City, State, Zip Code: Louisville Ky 40201-0059	
D. Owner's Name (if not the same as in part A and C):		Facility Contact Telephone Number: 502-582-6834	
Owner's Mailing Address:		Owner's Telephone Number (if different):	

II. FACILITY DESCRIPTION

A. Provide a brief description of activities, products, etc: CONTROL the discharge of impounded WATER TO REDUCE the IMPACT OF FLOODING AND PROVIDE MORE UNIFORM CONDITIONS DOWNSTREAM FOR THE AQUATIC ENVIRONMENT AND AGRI. USE.

B. Standard Industrial Classification (SIC) Code and Description

Principal SIC Code & Description:	
Other SIC Codes:	9711

III. FACILITY LOCATION

A. Attach a U.S. Geological Survey 7 1/2 minute quadrangle map for the site. (See instructions)

B. County where facility is located: BARREN City where facility is located (if applicable):

C. Body of water receiving discharge: BARREN RIVER LAKE

D. Facility Site Latitude (degrees, minutes, seconds): 36° 54' 16" Facility Site Longitude (degrees, minutes, seconds): 86° 04' 07"

E. Method used to obtain latitude & longitude (see instructions): TOPO MAP

F. Facility Dun and Bradstreet Number (DUNS #) (if applicable):

IV. OWNER/OPERATOR INFORMATION	
A. Type of Ownership: <input type="checkbox"/> Publicly Owned <input type="checkbox"/> Privately Owned <input type="checkbox"/> State Owned <input type="checkbox"/> Both Public and Private Owned <input checked="" type="checkbox"/> Federally owned	
B. Operator Contact Information (See instructions)	
Name of Treatment Plant Operator: Timmy W. JACKSON	Telephone Number: 270-646-2055
Operator Mailing Address (Street): 11088 FINNEY Rd.	
Operator Mailing Address (City, State, Zip Code): Glasgow Ky 42141	
Is the operator also the owner? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Is the operator certified? If yes, list certification class and number below. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Certification Class: I	Certification Number: 14513

V. EXISTING ENVIRONMENTAL PERMITS		
Current NPDES Number: KY0055956	Issue Date of Current Permit: Oct 1 2006	Expiration Date of Current Permit: Aug 31 2009
Number of Times Permit Reissued:	Date of Original Permit Issuance: Aug 14 1975	Sludge Disposal Permit Number:
Kentucky DOW Operational Permit #:	Kentucky DSMRE Permit Number(s):	

Which of the following additional environmental permit/registration categories will also apply to this facility?

CATEGORY	EXISTING PERMIT WITH NO.	PERMIT NEEDED WITH PLANNED APPLICATION DATE
Air Emission Source		
Solid or Special Waste		
Hazardous Waste - Registration or Permit		

VI. DISCHARGE MONITORING REPORTS (DMRs)
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KPDES permit holders are required to submit DMRs to the Division of Water on a regular schedule (as defined by the KPDES permit). Information in this section serves to specifically identify the name and telephone number of the DMR official and the DMR mailing address (if different from the primary mailing address in Section I.C).

A. DMR Official (i.e., the department, office or individual designated as responsible for submitting DMR forms to the Division of Water):	US ARMY CORPS OF ENGINEERS BARREN RIVER
DMR Official Telephone Number:	270-646-2055

B. DMR Mailing Address:	
<ul style="list-style-type: none"> Address the Division of Water will use to mail DMR forms (if different from mailing address in Section I.C), or Contact address if another individual, company, laboratory, etc. completes DMRs for you; e.g., contract laboratory address. 	
DMR Mailing Name:	
DMR Mailing Address:	
DMR Mailing City, State, Zip Code:	

VII. APPLICATION FILING FEE

KPDES regulations require that a permit applicant pay an application filing fee equal to twenty percent of the permit base fee. Please examine the base and filing fees listed below and in the Form 1 instructions and enclose a check payable to "Kentucky State Treasurer" for the appropriate amount (for permit renewals, please include the KPDES permit number on the check to ensure proper crediting). Descriptions of the base fee amounts are given in the "General Instructions."

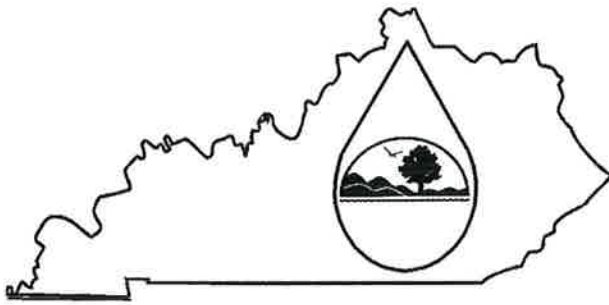
Facility Fee Category: FEDERALLY OWNED <i>IN POTW</i>	Filing Fee Enclosed: \$300
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VIII. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME AND OFFICIAL TITLE (type or print): Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/> <i>Kevin R. Salville, Project Manager</i>	TELEPHONE NUMBER (area code and number): <i>270 646 2055</i>
SIGNATURE <i>Kevin R. Salville</i>	DATE: <i>12 December 2008</i>

Return completed application form and attachments to: **KPDES Branch, Division of Water, Frankfort Office Park, 14 Reilly Road, Frankfort, KY 40601. Direct questions to: KPDES Branch at (502) 564-3410.**



KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM

PERMIT APPLICATION

A complete application consists of this form and Form 1.
For additional information, contact: SWPB Branch, (502) 564-3410.

NAME OF FACILITY:											
I. FACILITY DISCHARGE FREQUENCY				AGENCY USE	0	0	5	5	9	5	6
A. Do discharge(s) occur all year? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				APRIL - SEPTEMBER (Complete Item IX for intermittent discharges.)							
B. How many days per week?				7							
II. A. Give the basis of design for sizing of the wastewater facility (see instructions): CAMPGROUND with 92 CAMPSITES, BOAT RAMP, MARINA, SWIMMING AREAS, 2 RESTROOMS with Showers, 1 Toilet Rest Room and 1 Toll House											
B. If new discharger, indicate anticipated discharge date:				N/A							
C. Indicate the design capacity of the treatment system:				MGD .008							

III. Outfall Location (see instructions)

Outfall (list)	LATITUDE			LONGITUDE			RECEIVING WATER (name)
	Degrees	Minutes	Seconds	Degrees	Minutes	Seconds	
001	36	54	25	86	04	05	BARREN RIVER LAKE

Method used to obtain latitude/longitude (i.e. GPS unit, USGS topographic map coordinates, etc.)	
--	--

IV. FLOWS, SOURCES OF POLLUTION, AND TREATMENT TECHNOLOGIES (see instructions)				
If wastewater other than domestic or sanitary is listed, complete page 4 in addition to page 1 and 2.				
OUTFALL NO. (list)	OPERATION(S) CONTRIBUTING FLOW		TREATMENT	
	Operation (list)	Avg/Design Flow (include units)	List treatment components	List Codes from Table SC-1
1	SANITARY WASTEWATER	850 GPD	Flocculation	1G
			Grinding (COMMINATORS)	1L
			DISINFECTION (CHLORINE)	2F
			Activated Sludge	3A
			EXTENDED AERATION	3B
			Discharge TO SURFACE WATER	3E
			AEROBIC DIGESTION	4A

V. Check the type(s) of wastewater discharged.

- ☒ Domestic (60% or more sanitary sewage)
 ☐ Oil field waste
☐ Noncontact cooling water
 ☐ Other (list):

VI. Does all water used at facility (except for human consumption) flow to a treatment plant? ☒ Yes ☐ No

VII. Discharge to other than surface waters. Check appropriate location:

- ☐ Publicly-owned lake or impoundment Name of lake:
☐ Publicly-owned treatment works (POTW). Name of POTW:
☐ Land application of Effluent
☐ Surface injection (Check term and identify on map) ☐ lateral field; ☐ sinkhole; ☐ sinking stream; ☐ deep well
☐ Closed Circuit (Check appropriate term) ☐ Holding tank; ☐ Mechanical evaporation; ☐ Waste impoundment

VIII. Check the metals present in the discharge if applicable and indicate the quantity discharged per year. (Indicate units).

<input type="checkbox"/>	Antimony	N/A
<input type="checkbox"/>	Arsenic	
<input type="checkbox"/>	Beryllium	
<input type="checkbox"/>	Cadmium	
<input type="checkbox"/>	Chromium	

<input type="checkbox"/>	Copper	N/A
<input type="checkbox"/>	Lead	
<input type="checkbox"/>	Mercury	
<input type="checkbox"/>	Nickel	
<input type="checkbox"/>	Selenium	

<input type="checkbox"/>	Silver	N/A
<input type="checkbox"/>	Thallium	
<input type="checkbox"/>	Zinc	
<input type="checkbox"/>		
<input type="checkbox"/>		

IX. INTERMITTENT DISCHARGES (Complete this section for intermittent discharges.)

AI 26

A. Number of bypass points:

(If bypass points are indicated, information below must be completed for each bypass.)

Check when bypass occurs:	<input type="checkbox"/> Wet Weather	<input type="checkbox"/> Dry Weather
Give the number of bypass incidents	per year	per year
Give average duration of bypass	hours	hours
Give average volume per incident	1,000 gallons	1,000 gallons
Give reason why bypass occurs:		

B. Number of Overflow Points:

(If discharge is from an overflow point, the information below must be completed.)

Check when overflow occurs:	<input type="checkbox"/> Wet Weather	<input type="checkbox"/> Dry Weather
Give the number of overflow incidents:	per year	per year
Give average duration of overflow:	hours	hours
Give average volume per incident:	1,000 gallons	1,000 gallons

C. Number of seasonal discharge points

Give the number of times discharge occurs per year	
Give the average volume per discharge occurrence	(1,000 gallons)
Give the average duration of each discharge	(days)
List month(s) when the discharge occurs	

X. AREA SERVED (see instructions)

NAME	ACTUAL POPULATION SERVED
See Attachment A	
TOTAL POPULATION SERVED	

XI. COOLING WATER ADDITIVES AND THEIR COMPOSITIONS

Additive	Composition	Concentration (mg/l)

XII. EFFLUENT CHARACTERISTICS

A. Indicate results of analysis for pollutants listed below.

POLLUTANT/PARAMETER	MAX DAILY VALUE	AVG DAILY VALUE	NUMBER OF SAMPLES
BOD ₅	See Attachment B		
TOTAL SUSPENDED SOLIDS			
FECAL COLIFORM			
TOTAL RESIDUAL CHLORINE			
OIL AND GREASE			
CHEMICAL OXYGEN DEMAND			
TOTAL ORGANIC CARBON			
AMMONIA			
DISCHARGE FLOW			
pH			
TEMPERATURE (WINTER)			
TEMPERATURE (SUMMER)			

B. Frequency and duration of flow:

XIII. CERTIFICATION

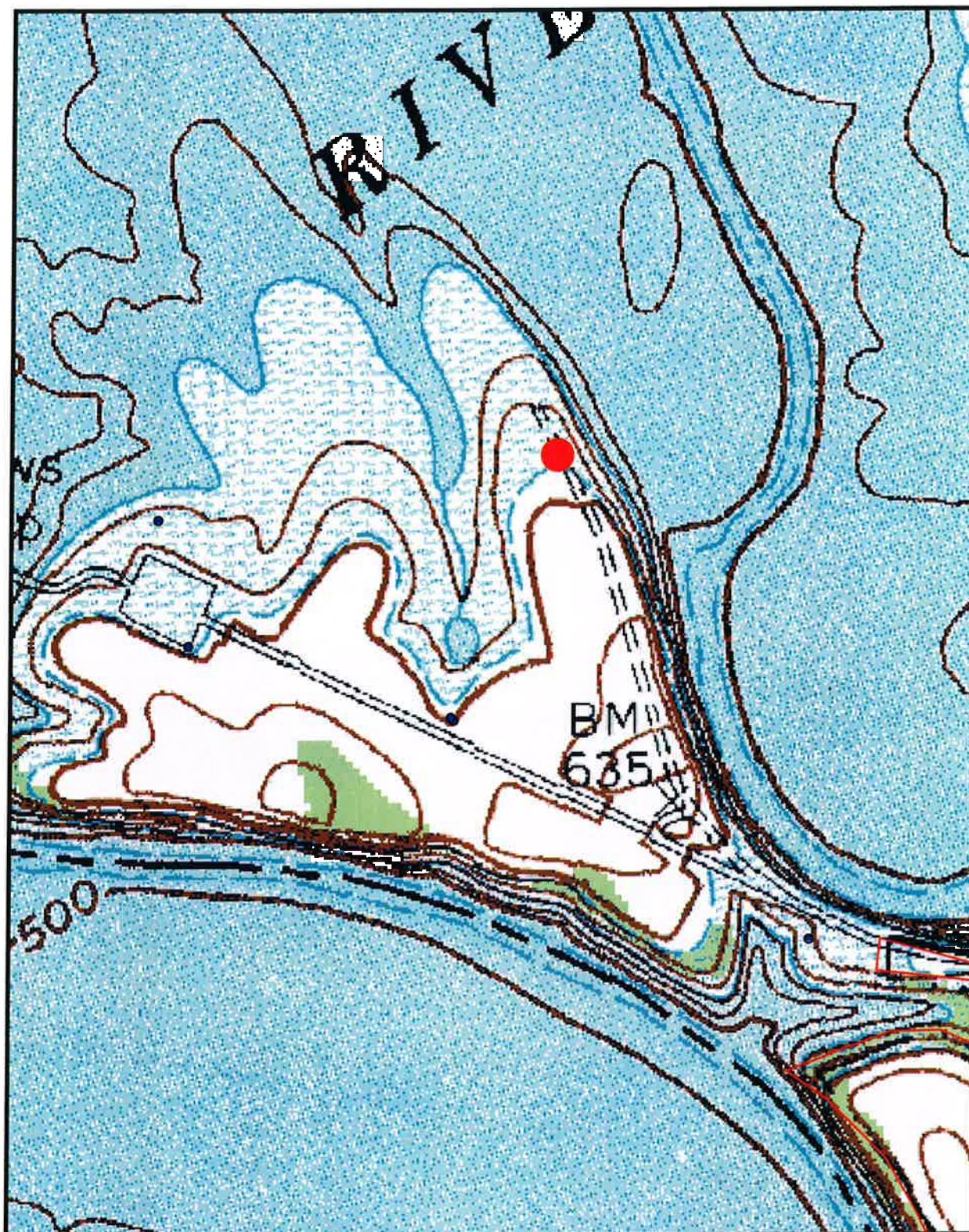
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME AND OFFICIAL TITLE (type or print): Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/> Kevin R. Salville, Project Manager	TELEPHONE NUMBER (area code and number): 270 646 2055
SIGNATURE Kevin R. Salville	DATE 12 December 2008



US Army Corps
of Engineers
Louisville District

Narrows Wastewater Treatment Plant



0 125 250 500 750 1,000 Feet

Treatment Plant



Attachment A - Area Served

Shane, William (EEC)

From: Jackson, Timmy W LRL [Timmy.W.Jackson@usace.army.mil]
Sent: Thursday, February 19, 2009 3:00 PM
To: Shane, William (EEC)
Subject: Permit info.

Hello William

Here is the info you have requested. The Narrows which is a Federal Park stays open approximately six months out of the year, this area has two shower houses with toilet facilities attached, one dump station for campers, one rest room with no showers, a total of 90 campsites as well as a marina facility located in this area. On average this Federal Park serves about 9,000 people per month from April to September. If you need anything else please let me know.

Thanks Timmy

Attachment B - Effluent Characteristics

Shane, William (EEC)

From: Jackson, Timmy W LRL [Timmy.W.Jackson@usace.army.mil]
Sent: Thursday, February 19, 2009 2:51 PM
To: Shane, William (EEC)
Subject: Waiver

Hello William

I would like to request from you a waiver from sampling at the Narrows waste water treatment plant due to the closure of the plant that starts the third weekend in September and runs to the first day of April, in that time frame there is no discharge into the plant which results in no flow from the plant during that time period. The plant this year will open as scheduled on April 1st 2009. Any questions please let me know.

Thanks Timmy

FACSIMILE TRANSMITTAL SHEET

BARREN RIVER LAKE

US ARMY CORPS OF ENGINEERS • 11088 FINNEY ROAD • GLASGOW KY 42141

OFFICE: (270) 646-2055 • FAX: (270) 646-3271



TO: William SHANE

FAX NUMBER:

502-564-9631

DATE:

2-19-09

TOTAL NO OF PAGES INCLUDING COVER:

2

SUBJECT:

WASTE WATER SAMPLES AT NARROWS

NOTES/COMMENTS:

HEY William

SAMPLE # FOUR, FIVE AND SIX ARE THE SAMPLES FROM THE NARROWS CAMPGROUND JUST BEFORE IT CLOSED. IF YOU NEED ANYTHING ELSE PLEASE LET ME KNOW.

THANKS

Jimmy Jackson

Water Analysis, Training, Education
& Research Services
Telephone: 270-745-5287
FAX: 270-745-3102



WATERS Laboratory
ESTB Room 405
1906 College Heights Blvd. 61066
Bowling Green, KY 42101-1066

Analysis Report

U S Army Corps of Engineers-Barren River Lake
Attn: Timmy Jackson
11088 Finney Rd.
Glasgow KY 42141

Order ID: 08091003
Samples Collected: 9/9/2008
Date Received: 9/9/2008
Report Date: 10/9/2008

Sample	Analyzed	Test Description	Result	Method
1 Baileys Point	10/3/2008	Ammonia, as Nitrogen	1.9 mg/L	SM 4500-N
1 Baileys Point	9/10/2008	Biochemical Oxygen Demand	1.14 mg/L	SM 5210 B
1 Baileys Point	9/11/2008	Total Suspended Solids (TSS)	5.2 mg/L	SM 2540 D
2 Baileys Point	9/9/2008	Dissolved Oxygen	7.7 mg/L	SM 4500-O
3 Baileys Point	9/9/2008	Ecoli	<1 mpn/100ml	SM 9223 B
4 Narrows	10/3/2008	Ammonia, as Nitrogen	2.8 mg/L	SM 4500-N
4 Narrows	9/10/2008	Biochemical Oxygen Demand	6.89 mg/L	SM 5210 B
4 Narrows	9/11/2008	Total Suspended Solids (TSS)	3.6 mg/L	SM 2540 D
5 Narrows	9/9/2008	Dissolved Oxygen	4.3 mg/L	SM 4500-O
6 Narrows	9/9/2008	Ecoli	770 mpn/100ml	SM 9223 B
7 Quarry Rd. Beach	9/9/2008	Ecoli	1 mpn/100ml	SM 9223 B
8 Beaver Creek Beach	9/9/2008	Ecoli	7 mpn/100ml	SM 9223 B
9 Narrows Beach	9/9/2008	Ecoli	<1 mpn/100ml	SM 9223 B

Approved By: _____

Jana Fattis, Operations Director

